Foster Family Home - Corrective Action Report 1-190006 Provider ID: 1-190006-1 Marilou Cortez, CNA Review ID: Home Name: David Ayling 99-045 Ohiaku Street Reviewer: Aiea HI 96701 Begin Date: 2/1/2019 **Foster Family Home Required Certificate** [11-800-6] 6.(d)(1)Comply with all applicable requirements in this chapter; and Comment: Home inspection for a new 2 person CCFFH certification made on 2/1/19. Corrective Action Report issued during home visit with all items due to CTA by 3/1/19. 6.(d)(1) - see applicable sections of the review CAP completed on 3/1/2019. **Foster Family Home** [11-800-8] **Background Checks** 8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS; 8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and Comment: 8.(a)(1),(2) - HHM #1 and HHM #2 need first year APS/CAN and fingerprints. [11-800-41] **Foster Family Home Personnel and Staffing** 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and Comment: 41.(f)(1) - HHM # 1 and HHM #2 need current TB clearances.

Compliance Manager

Primary Care Giver

Date

21,119

Date

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

Marilou J. Cortez Foster Home

CCFFH Address: 99-045 Ohiaku St. Aiea, HI 96701

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8. (a)(1) (2)	I just obtained current APS/CAN and fingerprints from HHM #1 and HHM #2. I have placed them in my Home Binder.	2/10/19	I placed the expiration dates for TB, APS/CAN and fingerprints for all CG's and HHM's on my iPhone calendar. I set the reminder for 1 month prior to
41. (f)(1)	I also got current TB clearances from HHM #1 and #2 and placed in my Home binder.		expiration date.

Primary Caregiver's Signature: Marilon J. Corles

Print Name: MARILON J. CORTER Date of Signature: 3/01/2019